

SITE NAME: STERIS Corp. St. Louis Op.

EPA ID NO: MOD 056 961 105

U.S ENVIRONMENTAL  
PROTECTION AGENCY

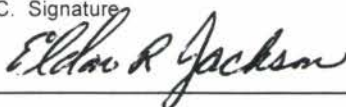
1999 Hazardous Waste Report

FORM  
ICIDENTIFICATION AND  
CERTIFICATIONHAZARDOUS WASTE  
MISSOURI DEPARTMENT OF  
NATURAL RESOURCES

Sec. I Site Name and location address.		
A. EPA ID No. MOD 056 961 105		B. County St. Louis
C. Site/company name STERIS Corp. St. Louis Op.		D. Has the site name changed since 1995? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No
E. Street name and number 4963 Manchester Rd		
F. City, town, village St. Louis	G. State MO	H. Zip Code 63110 -

Sec. II Mailing Address of site.		
A. Is the mailing address the same as the location address? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No		
B. Number and street name of mailing address PO Box 147		
C. City, town, village St. Louis	D. State M	E. Zip Code 63166 -

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report.				
A. Last Name Jackson		First Name Eldon	M.I. R	B. Title Environmental Manager
				C. Telephone Number 314 535 - 1573 Extension

Sec. IV "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."				
A. Last Name Jackson		First Name Eldon	M.I. R	B. Title Environmental Manager
C. Signature 			D. Date of signature 6/13/00 Month/Day/Year	



R00176687

RCRA RECORDS CENTER

ESTIS data entered

BY SBritt, TR1-ORON 11/24/00

QC'd &amp; B 12/7/00

Over

EPA ID NO. MOD 056 961 105

<b>Sec. V</b>	<b>Generator status.</b>	
A. 1999 RCRA generator status	B. Reason for not generating	
<input checked="" type="checkbox"/> 1 LQG	<input type="checkbox"/> 1 Never generated	<input type="checkbox"/> 5 Periodic or occasional generator
<input type="checkbox"/> 2 SQG	<input type="checkbox"/> 2 Out of business	<input type="checkbox"/> 6 Waste minimization activity
<input type="checkbox"/> 3 CESQG	<input type="checkbox"/> 3 Only excluded or delisted waste	<input type="checkbox"/> 7 Other
<input type="checkbox"/> 4 Non-generator	<input type="checkbox"/> 4 Only non-hazardous waste	

<b>Sec. VI</b>	<b>On-site waste management status.</b>	
A. Storage subject to RCRA permitting requirements	B. Treatment, disposal, or recycling subject to RCRA permitting requirements	
4	1	

Comments:

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EPA ID NO: MOD056961105

U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM  
OIOFF-SITE  
IDENTIFICATION

Site 1	A. EPA ID No. off-site installation or transporter MOD056961105	B. Name of off-site installation or transporter STERIS Corp. St. Louis Op.
C. Handler Type <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street 4963 Manchester Rd City St. Louis State MO Zip 63110	
Site 2	A. EPA ID No. off-site installation or transporter ILD006493191	B. Name of off-site installation or transporter Schiber Truck Company
C. Handler Type <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street 1701 South Delmar City Hartford State IL Zip 62048	
Site 3	A. EPA ID No. off-site installation or transporter MAD039322250	B. Name of off-site installation or transporter Clean Harbors Env. Services Inc.
C. Handler Type <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street 325 Wood Rd. City Braintree State MA Zip 02184	
Site 4	A. EPA ID No. off-site installation or transporter ILD000608471	B. Name of off-site installation or transporter CLEAN HARBORS SERVICES, INC.
C. Handler Type <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	D. Address of off-site installation Street 11800 S. STONY ISLAND AVE. City CHICAGO State IL Zip 60617	

Comments:

STERIS®



RECEIVED

JUN 19 2000

HAZARDOUS WASTE PROGRAM  
MISSOURI DEPARTMENT OF  
NATURAL RESOURCES

June 15, 2000

Missouri Department of Natural Resources  
Hazardous Waste Program, Biennial Report  
P.O.Box 176  
Jefferson City, MO. 65102

Dear MoDNR,

Enclosed is the Generator's Biennial Report for our Manchester Avenue Facility (EPA ID No:MOD 056 961 105). This report is for the calendar year 1999.

Please call 314-535-1573 if you have any questions or need additional information. Thank you.

Sincerely  
STERIS Corporation  
St. Louis Operations

Eldon R. Jackson  
Manager, Environmental

cc: James Maxfield

SITE NAME: STERIS Corp. St. Louis Op.

EPA ID NO: MOD056961105

U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM  
GMWASTE GENERATION  
AND MANAGEMENT

Sec. I		A. Waste Description (page 12)				
		15X				
B. EPA Hazardous Waste Code			C. State Hazardous Waste Code (page 13)			
D002						
D. SIC Code (page 13)	E. Origin Code (page 13)	F. Source Code (page 14)	G. Point of Measurement	H. Form Code (page 14)	I. RCRA-Radioactive mixed (page 14)	
2841	1 System Type	A58	1	B110	2	

Sec. II	A. Quantity Generated in 1999 (page 15)	B. UOM P Density 8.35 <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW?  <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16)		Quantity treated, disposed, or recycled on site in 1999		On-site process system type (page 16)
		Quantity treated, disposed, or recycled on site in 1999		

Sec. III	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999
	ILD000608471	M077	1	31000.0
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999

Comments:

BROS data entered

BY \_\_\_\_\_

ON \_\_\_\_\_

SITE NAME: STERIS Corp. St. Louis Op.

EPA ID NO: MOD056961105

U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM  
GMWASTE GENERATION  
AND MANAGEMENT

Sec. I	A. Waste Description (page 12) <b>ACIDIC/ALCOHOL BASED CLEANER</b>				
B. EPA Hazardous Waste Code <b>D002 D001</b>			C. State Hazardous Waste Code (page 13)		
D. SIC Code (page 13) <b>2841</b>	E. Origin Code (page 13) <b>1</b> System Type	F. Source Code (page 14) <b>A58</b>	G. Point of Measurement <b>1</b>	H. Form Code (page 14) <b>B207</b>	I. RCRA-Radioactive mixed (page 14) <b>2</b>

Sec. II	A. Quantity Generated in 1999 (page 15) <b>3,220.0</b>	B. UOM P Density <b>8.35</b> <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)		
ON-SITE PROCESS SYSTEM 1 On-site process system type (page 16)			ON-SITE PROCESS SYSTEM 2 On-site process system type (page 16)		
Quantity treated, disposed, or recycled on site in 1999			Quantity treated, disposed, or recycled on site in 1999		

Sec. III	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <b>ILD000608471</b>	C. System type shipped to (p. 17) <b>M041</b>	D. Off-site availability code (page 17) <b>1</b>	E. Total quantity shipped in 1999 <b>3220.0</b>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999

Comments:

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1999 Hazardous Waste Report

FORM  
GMWASTE GENERATION  
AND MANAGEMENT

<b>Sec. I</b>		<b>A. Waste Description (page 12)</b> <b>AEROSOLS</b>			
<b>B. EPA Hazardous Waste Code</b> D001			<b>C. State Hazardous Waste Code (page 13)</b>		
<b>D. SIC Code (page 13)</b> 2841	<b>E. Origin Code (page 13)</b> 1 System Type	<b>F. Source Code (page 14)</b> A58	<b>G. Point of Measurement</b> 1	<b>H. Form Code (page 14)</b> B303	<b>I. RCRA-Radioactive mixed (page 14)</b> 2

<b>Sec. II</b>	<b>A. Quantity Generated in 1999 (page 15)</b> 1,433.0	<b>B. UOM P</b> Density 8.35 <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	<b>C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW?</b> <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>	
On-site process system type (page 16)		On-site process system type (page 16)	
Quantity treated, disposed, or recycled on site in 1999		Quantity treated, disposed, or recycled on site in 1999	

<b>Sec. III</b>	<b>A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling?</b> <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
<b>Site 1</b>	<b>B. EPA ID No. of facility waste was shipped to (page 17)</b> ILD000608471	<b>C. System type shipped to (p. 17)</b> M043	<b>D. Off-site availability code (page 17)</b> 1	<b>E. Total quantity shipped in 1999</b> 1433.0
<b>Site 2</b>	<b>B. EPA ID No. of facility waste was shipped to (page 17)</b>	<b>C. System type shipped to (p. 17)</b>	<b>D. Off-site availability code (page 17)</b>	<b>E. Total quantity shipped in 1999</b>
<b>Site 3</b>	<b>B. EPA ID No. of facility waste was shipped to (page 17)</b>	<b>C. System type shipped to (p. 17)</b>	<b>D. Off-site availability code (page 17)</b>	<b>E. Total quantity shipped in 1999</b>

Comments:

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FORM  
GMWASTE GENERATION  
AND MANAGEMENT

<b>Sec. I</b> A. Waste Description (page 12) <b>ALKALINE/ALCOHOL BASED CLEANERS</b>						
B. EPA Hazardous Waste Code D002 D001				C. State Hazardous Waste Code (page 13)		
D. SIC Code (page 13) 2841	E. Origin Code (page 13) 1 System Type	F. Source Code (page 14) A58	G. Point of Measurement 1	H. Form Code (page 14) B201	I. RCRA-Radioactive mixed (page 14) 2	

<b>Sec. II</b>	A. Quantity Generated in 1999 (page 15) 3,600.0	B. UOM P Density 8.35 <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
	<b>ON-SITE PROCESS SYSTEM 1</b> On-site process system type (page 16) Quantity treated, disposed, or recycled on site in 1999		<b>ON-SITE PROCESS SYSTEM 2</b> On-site process system type (page 16) Quantity treated, disposed, or recycled on site in 1999	

<b>Sec. III</b>	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) ILD000608471	C. System type shipped to (p. 17) M041	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1999 3600.0
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999

Comments:



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FORM  
GMWASTE GENERATION  
AND MANAGEMENT

<b>Sec. I</b>					
A. Waste Description (page 12) <b>HYDROXIDE BASED CLEANER</b>					
B. EPA Hazardous Waste Code <b>D002</b>			C. State Hazardous Waste Code (page 13)		
D. SIC Code (page 13) <b>2841</b>	E. Origin Code (page 13) <b>1</b> System Type	F. Source Code (page 14) <b>A58</b>	G. Point of Measurement <b>1</b>	H. Form Code (page 14) <b>B110</b>	I. RCRA-Radioactive mixed (page 14) <b>2</b>

<b>Sec. II</b>		A. Quantity Generated in 1999 (page 15) <b>5,660.0</b>	B. UOM P Density <b>8.35</b> <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
<b>ON-SITE PROCESS SYSTEM 1</b>			<b>ON-SITE PROCESS SYSTEM 2</b>		
On-site process system type (page 16)		Quantity treated, disposed, or recycled on site in 1999		On-site process system type (page 16)	
				Quantity treated, disposed, or recycled on site in 1999	

<b>Sec. III</b>				
A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <b>ILD000608471</b>	C. System type shipped to (p. 17) <b>M077</b>	D. Off-site availability code (page 17) <b>1</b>	E. Total quantity shipped in 1999 <b>5660.0</b>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999

Comments:

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FORM  
GMWASTE GENERATION  
AND MANAGEMENT

Sec. I A. Waste Description (page 12) Lab Pack Waste					
B. EPA Hazardous Waste Code LABP			C. State Hazardous Waste Code (page 13)		
D. SIC Code (page 13) 2841	E. Origin Code 1 (page 13) System Type	F. Source Code (page 14) A94	G. Point of Measurement 1	H. Form Code (page 14) B001	I. RCRA-Radioactive mixed (page 14) 2

Sec. II	A. Quantity Generated in 1999 (page 15) 22,657.0	B. UOM P Density 8.35 <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2			
On-site process system type (page 16)		Quantity treated, disposed, or recycled on site in 1999		On-site process system type (page 16)	
		Quantity treated, disposed, or recycled on site in 1999			

Sec. III	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) ILD000608471	C. System type shipped to (p. 17) M141	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1999 22657.0
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999

Comments:

SITE NAME: STERIS Corp. St. Louis Op.

EPA ID NO: MOD056961105

U.S. ENVIRONMENTAL  
PROTECTION AGENCY

1999 Hazardous Waste Report

FORM  
GMWASTE GENERATION  
AND MANAGEMENT

<b>Sec. I</b>		A. Waste Description (page 12) P-listed Lab Pack Waste			
B. EPA Hazardous Waste Code P022 D001 D022 D005 P119			C. State Hazardous Waste Code (page 13)		
D. SIC Code (page 13) 2841	E. Origin Code (page 13) 1 System Type	F. Source Code (page 14) A94	G. Point of Measurement 1	H. Form Code (page 14) B001	I. RCRA-Radioactive mixed (page 14) 2

<b>Sec. II</b>	A. Quantity Generated in 1999 (page 15) 1,105.0	B. UOM P Density 8.35 <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>		
On-site process system type (page 16)		Quantity treated, disposed, or recycled on site in 1999		On-site process system type (page 16)
		Quantity treated, disposed, or recycled on site in 1999		

<b>Sec. III</b>	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) ILD000608471	C. System type shipped to (p. 17) M141	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1999 1105.0
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999

Comments:

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U.S. ENVIRONMENTAL  
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FORM  
GMWASTE GENERATION  
AND MANAGEMENT

Sec. I	A. Waste Description (page 12) <b>SEPTAHOL</b>				
B. EPA Hazardous Waste Code <b>D001</b>			C. State Hazardous Waste Code (page 13)		
D. SIC Code (page 13) <b>2841</b>	E. Origin Code 1 (page 13) <b>System Type</b>	F. Source Code (page 14) <b>A58</b>	G. Point of Measurement <b>1</b>	H. Form Code (page 14) <b>B101</b>	I. RCRA-Radioactive mixed (page 14) <b>2</b>

Sec. II	A. Quantity Generated in 1999 (page 15) <b>2,850.0</b>	B. UOM P Density <b>8.35</b> <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)		
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16)		Quantity treated, disposed, or recycled on site in 1999	On-site process system type (page 16)		Quantity treated, disposed, or recycled on site in 1999

Sec. III	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <b>ILD000608471</b>	C. System type shipped to (p. 17) <b>M061</b>	D. Off-site availability code (page 17) <b>1</b>	E. Total quantity shipped in 1999 <b>2850.0</b>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999

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FORM  
GMWASTE GENERATION  
AND MANAGEMENT

Sec. I	A. Waste Description (page 12) <b>SODIUM HYPOCHLORITE</b>				
B. EPA Hazardous Waste Code D001 D002			C. State Hazardous Waste Code (page 13)		
D. SIC Code (page 13) 2841	E. Origin Code 1 (page 13) System Type	F. Source Code (page 14) A58	G. Point of Measurement 1	H. Form Code (page 14) B110	I. RCRA-Radioactive mixed (page 14) 2

Sec. II	A. Quantity Generated in 1999 (page 15) 12,800.0	B. UOM P Density 8.35 <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16)		On-site process system type (page 16)	
Quantity treated, disposed, or recycled on site in 1999		Quantity treated, disposed, or recycled on site in 1999	

Sec. III	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) ILD000608471	C. System type shipped to (p. 17) M077	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1999 12800.0
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999

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PROTECTION AGENCY

1999 Hazardous Waste Report

FORM  
GMWASTE GENERATION  
AND MANAGEMENT

<b>Sec. I</b> A. Waste Description (page 12) SPOR-KLENZ					
B. EPA Hazardous Waste Code D001 D002			C. State Hazardous Waste Code (page 13)		
D. SIC Code (page 13) 2841	E. Origin Code (page 13) 1 System Type	F. Source Code (page 14) A58	G. Point of Measurement 1	H. Form Code (page 14) B105	I. RCRA-Radioactive mixed (page 14) 2

<b>Sec. II</b>	A. Quantity Generated in 1999 (page 15) 400.0	B. UOM P Density 8.35 <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW?  <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)		
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>			
On-site process system type (page 16)		Quantity treated, disposed, or recycled on site in 1999		On-site process system type (page 16)	
		Quantity treated, disposed, or recycled on site in 1999			

<b>Sec. III</b>	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) ILD000608471	C. System type shipped to (p. 17) M041	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1999 400.0
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999

Comments: